

BEST AVAILABLE COPY

POSITION	ID NO.	DATE
CLASSIFIER		
EXAMINER	455-	6-24-94
TYPIST	331	6-27-94
VERIFIER	291	6-27
CORPS CORR.		
SPEC. HAND		
FILE MAINT.		
DRAFTING		

INDEX OF CLAIMS

Claim	Date
Final	Original
1	8/1/55
2	4/12/56
3	9/1/56
4	1/20/57
5	1/10/57
6	1/10/57
7	1/10/57
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48	1/10/57
49	1/10/57
50	1/10/57

SYMBOLS
 ✓ Rejected
 = Allowed
 - (Through numeral) Canceled
 + Restricted
 N Non-elected
 I Interference
 A Appeal
 O Objected

Claim	Date
Final	Original
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